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CONFIRMATION NO. 3552

<b>SERIAL NUMBER</b> 09/864,488	<b>FILING OR 371(c) DATE</b> 05/24/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 7733.D2
<b>APPLICANTS</b> Marcia A. Wise, Draper, UT; H. Robert Moorehead, Salt Lake City, UT; <i>Two PS</i>				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/648,718 08/25/2000 PAT 6,270,489 which is a DIV of 09/345,892 07/01/1999 PAT 6,364,867 <i>yes PS</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/13/2001 <i>PS</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>PS</i> Examiner's Signature <i>PS</i> Initials <i>PS</i>		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 4
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> FAY KAPLUN AND MARCIN, LLP 150 BROADWAY, SUITE 702 NEW YORK, NY10038				
<b>TITLE</b> Anti-clotting methods and apparatus for indwelling catheter tubes				
<b>FILING FEE RECEIVED</b> 2376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	